

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**1.0/52072**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2						
3						
4		1				
5		1				
6	1					
7		1				
8		1				
9		2				
10						1
11						1
12						1
13						1
14					1	
15						1
16						1
17						1
18						1
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46						
47						
48						
49						
50						
TOTAL IND.	2		1		2	
TOTAL DEP.	9				8	
TOTAL CLAIMS	11				10	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						